



APN# 1220-21-710-212

Recording Requested by:

Name: First American Title Insurance Company
Address: 1673 Lucerne Street, Suite A
City/State/Zip: Minden, NV 89423
Order Number: 143-2391082

Affidavit Death of Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440380

(State specific law)

Rohomy
Signature

Escrow
Title

Rishelle Thompson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Linda Armstrong
1313 Mary Jo Drive
Gardnerville, NV 89460

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-21-710-212

File No.: 143-2391082 (Rt)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Linda R. Armstrong ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Charles W. Armstrong** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on at (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **1/10/1991** executed by **Charles W. Armstrong and Linda R. Armstrong** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Warranty Deed** dated **March 24, 1999** which was recorded as Instrument No. **0471028** in Book **0699**, Page **5152**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

CERTIFICATION OF VITAL RECORD

COUNTY OF FRESNO

DEPARTMENT OF COMMUNITY HEALTH

FRESNO, CALIFORNIA



BK-210
PG-448

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CERTIFICATE OF DEATH

3200710005845

STATE OF CALIFORNIA
USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS)
VS-1 (REV. 1/04)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
		CHARLES		WILLIAM		ARMSTRONG	
4. DATE OF BIRTH mm/dd/yyyy		6. AGE Yrs.		IF UNDER ONE YEAR		IF UNDER 24 HOURS	
11/07/1946		61		Months Days		Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)	
CA		2124				MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
BACHELOR				WHITE		12/16/2007	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
DRILLING COORDINATOR		OIL SERVICES		18			
20. DECEDENT'S RESIDENCE (Street and number or location)							
2614 DEWITT AVE.							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		25. STATE/FOREIGN COUNTRY	
CLOVIS		FRESNO		93612		CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
LINDA ARMSTRONG, WIFE				2614 DEWITT AVE., CLOVIS, CA 93612			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)			
LINDA		ROSE		SCHIEBELHUT			
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST			
DONALD		SPENCER		ARMSTRONG			
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)	
CA		PEGGY		L.		ROGERS	
38. BIRTH STATE		38. BIRTH STATE					
CA		CA					
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
12/20/2007		AT SEA OFF THE COAST OF SAN FRANCISCO COUNTY					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
CR/SEA		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
NEPTUNE SOCIETY OF CENTRAL CALI		FD1332		EDWARD L. MORENO, MD		12/19/2007	
101. PLACE OF DEATH							
OWN RESIDENCE							
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)				106. CITY	
FRESNO		2614 DEWITT AVE.				CLOVIS	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?				109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (A) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		Time Interval Between Onset and Death				YRS. 07-12-165	
(B)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
(C)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
(D)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
(E)		<input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
STERIOD INDUCED OSTEOPOROSIS RESULTING IN T-7 SPINAL INJURY & PARAPLEGIA							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.)						113A. IF FEMALE, PREGNANT IN LAST YEAR?	
NO						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Decedent Attended Since		Decedent Last Seen Alive		JEFFREY TODD GARDNER M.D.		A64748 12/19/2007	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		JEFFREY TODD GARDNER M.D.	
03/21/2001		07/25/2007		221 W FIR AVE #101, CLOVIS, CA 93611			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	FAX AUTH. #	012007000679293
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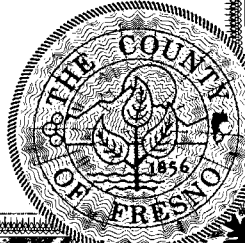
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Community Health.

DATE ISSUED **JAN 09 2008**

Colony Gardner
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE